

# Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

CALIFORNIA  
FORM

501

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Rizzotti, Christopher John

DAYTIME TELEPHONE NUMBER

( 818 ) 262-5446

FAX NUMBER (optional)

( )

E-MAIL (optional)

rizzottiforburbank.com

STREET ADDRESS

4405 Riverside Dr., Suite 201

CITY

Burbank

STATE

Ca

ZIP CODE

91505

OFFICE SOUGHT (POSITION TITLE)

City Council

AGENCY NAME

City of Burbank

DISTRICT NUMBER, if applicable.

N/a

☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: \_\_\_\_\_

(Name of Multi-County Jurisdiction)

2015

(Year of Election)

## 2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

\_\_\_\_\_  
(Year of Election) **Primary/general election**

\_\_\_\_\_  
(Year of Election) **Special/runoff election**

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_\_/\_\_\_\_/\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On \_\_\_\_/\_\_\_\_/\_\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

## 3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on August 25, 2014  
(month, day, year)

Signature \_\_\_\_\_  
(Candidate)